

FREE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10-581089
APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | ✓ | ✓ | | | | |
| 2 | ✓ | ✓ | | | | |
| 3 | ✓ | ✓ | | | | |
| 4 | ✓ | ✓ | | | | |
| 5 | ✓ | ✓ | | | | |
| 6 | ✓ | ✓ | | | | |
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| TOTAL IND. | 2 | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 18 | ← | | ← | | ← |
| TOTAL CLAIMS | 20 | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |